



Company Name _____

Company Address _____

Ordered By _____ Telephone _____

Ship Via _____ P.O. No. _____

Qty.	Stock No.	Description	Unit Cost	Total Cost
		GST 10684 2784 RT - 5%		
		Total		

*** Shipping charges are extra**

Credit card number _____

Name on card _____

Expiry date _____

CAODC Office Use Only

Date Order Received _____ Invoice / Order Number _____

Order Total _____

Account Name _____ Number _____

Date Sale is Processed _____ Approval Code _____

CAODC Staff Initials _____